

Participant's Name:	(one child	per fo	orm
•	 •		

PAGE 1

Northampton Parks & Recreation Department – Summer Camp Enrollment Fee Form

Non-Residents add \$10 to the fee – each participant, per session registered. Max of \$50 per household.

CURRENT IMMUNIZATIONS AND PHYSICAL RECORDS MUST ACCOMPANY THIS FORM, AS REQUIRED BY THE STATE OF MASSACHUSETTS.

NO CAMP ON: MONDAY, JUNE 26th, 2017 TUESDAY, JULY 4TH 2017

Please Circle:

Resident Non-Resident

SAFETY VILLAGE (Non residents add \$10 per session)

1	6/27 - 7/7	\$132 (no camp 6/26 & 7/4
2	7/10-7/21	\$165
3	7/24 – 8/4	\$165
**	Child needs to be	toilet trained**

CAMP KIDZONE – (Non residents add \$10 per session)

1	6/27 – 6/30	\$153	Extended Day\$20 (no camp 6/26)
2	7/3 – 7/7	\$153	Extended Day\$20 (no camp 7/4)
3	7/10 – 7/14	\$170	Extended Day\$25
4	7/17 – 7/21	\$170	Extended Day\$25
5	7/24 – 7/28	\$170	Extended Day\$25
6	7/31 – 8/4	\$170	Extended Day\$25
7	8/7 – 8/11	\$170	Extended Day\$25

TEEN EXPEDITIONS (Non residents add \$10 per session)

1	6/27 – 6/30	\$185 (no camp 6/26)
-	•	
2	7/3 – 7/7	\$185 (no camp 7/4)
3	7/10 – 7/14	\$205
4	7/17 – 7/21	\$205
5	7/24 – 7/28	\$205
6	7/31 – 8/4	\$205
7	8/7 – 8/11	\$205

CAMP HAMP (Non residents add \$10 per session)

1	6/27 – 6/30	\$170	Extended Day	\$20 (no camp 6/26)
2	7/3 – 7/7	\$170	Extended Day	\$20 (no camp 7/4)
3	7/10 – 7/14	\$190	Extended Day	\$25
4	7/17 – 7/21	\$190	Extended Day	\$25
5	7/24 – 7/28	\$190	Extended Day	\$25
6	7/31 – 8/4	\$190	Extended Day	\$25
7	8/7 - 8/11	\$190	Extended Day	\$25

Look Park Passes are only needed for Camp KidZone and Camp Hamp.

Summer Program Pass: A discounted \$20 Look Park/Northampton Parks & Recreation *Camp KidZone & Camp Hamp ONLY Pass* will be available at Parks & Rec Office only. These passes will be good for entrance into Look Park from 7:45am – 5:15pm, Monday – Friday while you are registered for the program. The pass must be in vehicle and shown to ranger upon entering the park. Regular Look Park season passes are available for \$48 for residents and \$55 for non-residents with discounts for second pass. For details visit lookpark.org.

Program Total:

Non-Resident Fee Total:

Grand Total:



*Use for Safety Village, Camp KidZone, Camp Hamp & Teen Expeditions only *

Northampton Parks & Recreation - Summer Day Camp Registration Form

Parent/Guardian 1 Information Name:	Name:	Name:	Age: [Pate of Birth:
Parent/Guardian 1 Information Name:	Parent/Guardian 1 Information Name:	Sex (circle) M F Gr	rade entering Fall 2017 : School curi	ently attending :
Home Phone:	Name:	Special Health Conditions	:	
Name:	Name: Home Phone: Work Phone: Cell Phone: City: State: Zip: Zip: Email Address: York Phone: Xip: York Phone: York Phone: Work Phone: Work Phone: York Phone Phone: York	Parent/Guardian 1 In	formation	
Street Address:	Street Address:	Name:	Home Phone:	Work Phone:
City:	City:	Street Address:		Cell Phone:
Parent/Guardian 2 Information Name:	Parent/Guardian 2 Information Name:	City:	State:	Zip:
Name:	Name:			
Name:	Name:	Parent/Guardian 2 In	formation	
Street Address: State: Zip:	Street Address: State: Zip:			Work Phone:
City: State: Zip:	City: State: Zip:			
Emergency Contact (Other than parent, we always try to contact the parent first) Name: Phone Number(s): Name: Phone Number(s): TRANSPORTATION In addition to the parents/guardians my child will be dropped off and picked up by the following AUTHORIZED individuals. Name: Relationship: Name: Relationship: This forms acts as permission for your child to arrive/depart from the program by the individuals li above. BIKE OR WALK If you wish for your child to arrive or depart by walking or riding a bike, please indicate below. Please provide an explanation and identify the alternate form of transportation and the route the child we reconstructed to the parent first in the parent first	Emergency Contact (Other than parent, we always try to contact the parent first) Name: Phone Number(s):			
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PARENTAL CONSENT FORM

I/we	have read the parent in	formation packet regarding the
2017 Summer Parks & Recreation Pr	ogram sponsored by the No	orthampton Parks & Recreation
Department. I/we hereby grant peri	mission to my son/daughter	r
	to participate in the	
program and all activities and/or trip		
aware of the conditions and respons	ibilities placed upon them k	by participating. I/we hereby
waive and release the City of Northa	mpton, Parks & Recreation	Department staff, its sponsors
and or/designees from responsibility	of injury(s) relating to this	program.
Parent/Guardian Signature		Date
-		
EMERGE	ENCY MEDICAL RELEASE FO	ORM
		mergency, I/we authorize any
and all medical and/or surgical treat		
physicians and or surgeons for my ch		
name). I/we also recognize that the		remain in hospital care until his
or her physician recommends the pa	_	
	_	bulance transportation will be
used at the expense of the injured p		
alternate transportation arranged. N	Iorthampton Parks & Recrea	ation staff and/or rented buses
will NOT transport an injured child.		
I/we have read and understand the a	above.	
Print Name	Signature:	Date
Time Name		
Emergency Phone Number	Name	
Insurance Company	#	
The Parks & Recreation Department pol	licies for health care discipling	and others are available for
e . arks a hear eation bepartment por	indication incurred cure, discipline	and others are available for

Northampton Parks & Recreation Department ~ 100A Bridge Rd., Florence, MA 01062 ~ 413-587-1040 www.northamptonma.gov/recreation

review. If you would like a copy please call us and we would be happy to send you your request.



Participant's Full Name	
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CONFIRMATION

No confirmations will be sent. You may assume you are registered unless otherwise contacted. You should receive a parent information packet at the time of registration. If you didn't receive one, please call us.

PAYMENT/ CHANGE IN REGISTRATION / REFUND POLICY

- A \$25 non-refundable deposit is included in the camp registration fee for each session registered for. All balances are due June 9, 2017.
- Changes to the initial registration must be made in writing at least one week in advance of the requested change.
- Refund requests must be made in writing to the Parks & Recreation Department and must be submitted at least one week prior to the start of the session of the program(s) you are registering for.
 - There is a \$10 service charge for all refunds.
 - Each session has a \$25 non-refundable deposit included in registration fee.
 - There are no refunds once a session begins.
 - Please allow 4-6 weeks for your refund check to be processed.

I have read and understand all the fees and policies associated with this program.

ALL REGISTRATIONS MUST INCLUDE THIS PACKET (ALL FOUR PAGES), **CURRENT IMMUNIZATION AND PHYSICAL RECORDS.**

PARENT/GUARDIAN SIGNATURE: Total Amount Due: _____ (see page 1 for sessions & fees) Checks Payable to the City of Northampton Charge my: VISA _____ Mastercard ____ Discover ____

Name on Card :	Signature:	
	FOR OFFICE USE ONLY	

Card # : ______ Expiration Date _____

Document Checklist
Registration form with Fee Immunization & Physical Records Consent Waiver
Parent Information Packet Given: Date given: Staff initials:
Safety Village Schedule Given: staff KidZone Calendar Given: staff Camp Hamp Calendar Given: staff TEX Calendar Given: staff

Amt Recd \$	_ Date	RT date	staff
Amt Recd \$	_ Date	RT date	staff
Amt Recd \$	Date	RT date	staff
Amt Recd \$	Date	RT date	staff
Amt Recd \$	Date	RT date	staff
Amt Recd \$	Date	RT date	staff